

MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

BEST AVAILABLE COPY

SERIAL NO.

FILING DATE

APPLICANT(S)

10/554112

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5						
6	/					
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		2				
14		2				
15		2				
16		2				
17		1				
18		3				
19		3				
20		3				
21	1	3				
22	1					
23		2				
24		2				
25		2				
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29	1					
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50						
TOTAL IND.	5					
TOTAL DEP.	41					
TOTAL CLAIMS	46					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						